



# MEDICAL RECORD ASSOCIATES, INC.

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P.O. BOX 869102  
MILTON, MASSACHUSETTS 02186-9102  
(617) 698-4411

TAX I.D. NO. 04-2935153

**INVOICE NO P599954**

**TERMS: PREPAYMENT REQUIRED**

Medical Record Associates is a Release of Information Service retained by the Medical Facility. This is our invoice for retrieving, abstracting, and copying the medical record.

**Please return a copy of this INVOICE and check payable to:**

**PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION**

MEDICAL RECORD ASSOCIATES, INC.  
P.O. BOX 869102  
MILTON, MASSACHUSETTS 02186-9102  
TAX I.D. NO. 04-2935153

PLEASE  
PRINT  
CLEARLY  
BEAR  
DOWN

Requested by <b>COOLEY, MONTON JONES</b>
Account Name
Address <b>21 CLUSTON HOUSE STREET</b>
City <b>BOSTON</b> State <b>MA</b> Zip <b>02110</b>

**Please direct all inquiries regarding this notice to Medical Record Associates (617) 698-4411**

PLEASE  
PRINT  
CLEARLY

FOR  
INS.  
REQUESTS

INVOICE DATE <b>6/13/06</b>	NAME LAST <b>BUNHEZ</b>	FIRST <b>FLAVIA</b>	REP. <b>ASN</b>	HOSPITAL <b>CALB</b>
HOSPITAL NO. <b>517999</b>		COMMENTS <b>DOS 5/10/01 NO P...</b>		
POLICY NO.		CLAIM NO.	S.S.N.	

**PAYABLE UPON RECEIPT**

The attached request for medical record copies needs your action.  
**PLEASE CHECK ONE OF THE FOLLOWING:**

- ☒ Enclosed please find our check for the balance due.
- ☐ IF THE BALANCE DUE ON THIS INVOICE IS GREATER THAN \$50.00 AND YOU WOULD RATHER HAVE AN ABSTRACT (Consists of discharge summary, history, operative report, pathology report, X-rays, EKG's). PLEASE ENCLOSE A CHECK FOR \$35.00 AS PARTIAL PAYMENT. You will be invoiced for any remaining balance.

**INVOICE NO. P 599954**

FOR OFFICIAL USE ONLY: NEEDS RETRIEVAL ☐

Base Charge	\$	<b>1574</b>
84 Pages @ \$3		<b>4452</b>
Pages @	\$	<b>00</b>
Postage	\$	<b>444</b>
Less Payment	\$	<b>00</b>
<b>BALANCE DUE</b>	\$	<b>6470</b>
TAX I.D. NO. 04-2935153		

CUSTOMER COPY